

INCIDENT REPORT – PART 2

INCIDENT NUMBER

VICTIM OFFENSE INCIDENT DATE AND TIME

REPORTEE	NO. 1	NAME (Last, First, Middle) 2	AGE/ D.O.B. 3	SSN 4
	ADDRESS (Street, Apt., City, State, Zip) 5			PHONE 6
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip) 7			PHONE 8
	STATEMENTS OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N 9 TYPE: <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER 10			

VEHICLE	CHECK CATEGORIES <input type="checkbox"/> 1 <input type="checkbox"/> STOLEN <input type="checkbox"/> 2 <input type="checkbox"/> RECOVERED <input type="checkbox"/> 3 <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> 4 <input type="checkbox"/> RECEIVED <input type="checkbox"/> 5 SUSPECT'S VEHICLE <input type="checkbox"/> 6 VICTIM'S VEHICLE <input type="checkbox"/> 7 UNAUTHORIZED USE <input type="checkbox"/> 8 ABANDONED												
	NO. 2	<input type="checkbox"/> 3 DAMAGE TO VEHICLE <input type="checkbox"/> 3 THEFT FROM VEHICLE	LIC 4	LIS 5	LIY 6	LIT 7	VIN/OAN 8	*VALUE 9					
	VYR 10	VMA 11	VMO 12	VST 13	VCO TOP 14	VCO BOTTOM	VEHICLE LOCKED <input type="checkbox"/> 15 <input type="checkbox"/> Y <input type="checkbox"/> N	KEYS IN VEHICLE <input type="checkbox"/> 16 <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD VEHICLE <input type="checkbox"/> 17 <input type="checkbox"/> Y <input type="checkbox"/> N	RELEASE CONTENTS <input type="checkbox"/> 18 <input type="checkbox"/> Y <input type="checkbox"/> N			
	VEHICLE ASSOC. W/ SUSPECT NO. 19	VEHICLE ASSOC. W/ VICTIM NO. 20	VEHICLE TOWED? <input type="checkbox"/> 21 <input type="checkbox"/> Y <input type="checkbox"/> N	TOWED BY 22	OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER 23								
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN 24	AREA STOLEN <input type="checkbox"/> BUSINESS 25	RESID. <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION 26								
	AUTO INSURER NAME (Company) ADDRESS (Street, Apt., City, State, Zip) 27			PHONE 28									

PROPERTY	*TYPE PROPERTY LOSS/ETC. (enter codes below) 1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DESTROYED/DAMAGED/VANDALIZED 5 STOLEN/ETC. 6 SEIZED 7 RECOVERED 8 UNKNOWN P PHOTO E EVIDENCE										TOTAL VALUE 1	
	*LOSS CODE 2	QUANTITY 3	DESCRIPTION 4						*PROP CODE 5	*VALUE 6		
	VICT. NO. 7	VEH. NO. 8	MAKE/BRAND 9				MODEL 10		DATE RECOVERED 11			
		SERIAL NUMBER 12		NCIC NUMBER 13		OTHER NUMBER 14						
	*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE		
	VICT. NO.	VEH. NO.	MAKE/BRAND				MODEL		DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER						
	*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE		
	VICT. NO.	VEH. NO.	MAKE/BRAND				MODEL		DATE RECOVERED			
		SERIAL NUMBER		NCIC NUMBER		OTHER NUMBER						
	*LOSS CODE	QUANTITY	DESCRIPTION						*PROP CODE	*VALUE		

PROPERTY CODES:	VALUABLES	EQUIPMENT	26 Tools	VEHICLES	STRUCTURES
EXCHANGE MEDIUMS	08 Jewelry/Precious Metals	15 Drug/Narcotic Equip.	27 Vehicle Parts/Accessories	35 Aircraft	46 Single Occupancy
01 Money	09 Art Objects, Antiques	16 Gambling Equipment	28 School Supplies	36 Automobiles	47 Other Dwellings
02 Credit/Debit Card	10 Other Valuables	17 Computer Hardware/Soft.	29 Other Equipment	37 Bicycles	48 Commercial/Business
03 Negotiable Instruments	PERSONAL EFFECTS	18 Office Equipment	CONSUMABLE ITEMS	38 Buses	49 Indus./Mfg.
04 Other Exchange Mediums	11 Clothing/Furs	19 Stereo TV Equip.	30 Alcohol	39 Trucks	50 Public/Community
DOCUMENTS	12 Purses/Handbags/Wallets	20 Recordings-Audio Visual	31 Drugs/Narcotics	40 Trailers	51 Storage
05 Non-Negotiable Instruments	13 Other Personal Effects	21 Sports Equipment	32 Consumable Goods	41 Watercraft	52 Other Structure
06 Personal Papers	HOUSEHOLD ITEMS	22 Photographic Equipment	ANIMALS	42 Recreational Vehicle	OTHER
07 Other Documents	14 Household Items	23 Farm Equipment	33 Livestock	43 Other Motor Vehicle	53 Merchandise
		24 Heavy Construction/Industrial	34 Household Pets	WEAPONS	54 Other Property
		25 Building Supplies-Const.		44 Firearms	55 Pending Inventory
				45 Other Weapons	

NARRATIVE	